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ABSTRACT

Social reforms in American education are setting the stage for a paradigm shift in the delivery of psychological services in our nation's schools. The convergence of education and health care reform, along with movement toward service integration models, provides an unprecedented opportunity to redefine psychological services in schools. School psychological services have historically been linked to changes in special education legislation; however, the emphasis on educational achievement and whole-child development currently driving social reforms in education and health care offers optimism for role expansion and enhancement for psychologists who engage in school practice. Additionally, an increasingly permeable boundary between schools and communities suggests traditional barriers are being removed so as to marshal available resources in addressing the critical needs of children, youth, and families. Psychologists' knowledge in child development, services integration, program evaluation, and reframing schools provides the necessary information and tools to guide schools through their current crises. Four service delivery models for education and health initiatives are identified: school-based services; school-linked services; community-linked services; and community-based services. To ensure the relevance of psychology in the current school social reform climate, psychologists need to consider making several adaptations addressing: practice setting; services; credentialling; education; and school structure. Contains 27 references. (JBJ)

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Creating a New Vision of School Psychology: Emerging Models of Psychological Practice in Schools

by Ronda C. Talley and Rick Jay Short

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The emphasis...currently driving social reforms in education and health care offers optimism for role expansion and enhancement for psychologists who engage in school practice

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Overview

Social reforms in American education are setting the stage for a paradigm shift in the delivery of psychological services in our nation's schools (Short & Talley, in press-a, in press-b; Talley & Short, in press). The convergence of education and health care reform, along with movement in the human services arena toward service integration models, provides an unprecedented opportunity to redefine psychological services in schools for the next century (Talley & Short, 1994a). School psychological services have historically been linked to changes in special education legislation; however, the emphasis on educational achievement and whole-child development currently driving social reforms in education and health care offers optimism for role expansion and enhancement for psychologists who engage in school practice. In addition, an increasingly permeable boundary between schools and communities suggests that traditional barriers are being torn down so as to marshall all available resources in addressing the critical needs of America's children, youth, families.

Social Reforms and the Future of School Practice

Research has shown that both education and health care services for children are often delivered in a fragmented, uncoordinated fashion (American Academy of Pediatrics, 1993, 1994; Blank & Hoffman, 1994; Dryfoos, 1994; Wang, Haertel, & Walberg, in press). However, most educators stress the need for integrated services as they acknowledge research that shows a vital link between good health and the ability to learn (McElhaney, Russell, & Barton, 1993; National Health/Education Consortium, 1990a, 1990b). School staff are striving to integrate the social reform movements of education and health care into the everyday patterns of schooling (Zedosky, 1995).

Education reform, health care reform, and the process of services integration are three social reforms that are simultaneously shaking the foundation of American education. With dramatic changes produced by shifting social, cultural, and economic patterns, schools are seeking new ways to address student needs. As a scientific discipline, it is possible for psychology to stand at the nexus of these reform movements. Psychologists' knowledge in child development, behavioral health, services integration, knowledge acquisition, program evaluation,systems research, and reframing schools (Talley & Short, 1995), provides the necessary information and tools to guide schools through their current crises.

The Traditional Relationship of the Schools to Psychological Practice

Historically, psychology has played a significant role in schools and schooling. For over a century, psychology has served as the foundation of education theory and practice, and psychologists have conducted much of their research and many of their interventions in public schools (Fagan, 1992). Early school learning and diagnostic clinics were organized, staffed, and administered by psychologists (Fagan & Wise, 1994). In these functions, psychologists typically worked as relatively autonomous professionals whose major role and identity were outside of schools' organizational structure.

Since the passage of federal legislation for handicapped students in 1975, psychology's formal role in the schools has been both more visible and often more limited. By law, all schools were mandated to provide school psychological services. Accordingly, most school systems in the United States have worked to employ school psychologists. Other types of psychologists also work with or in the schools as researchers,evaluators, and therapists; however, state and federal special education legislation specifically requires the provision of school psychological services. As the specialists credentialed to provide psychological services in the schools, school psychologists have flourished in numbers and influence over the last twenty years. However, the services that these psychologists provide typically have centered around psychoeducational assessment, often to the exclusion of other services for which they may have been prepared to deliver.

Service Delivery Models

From our work, we have identified four models of service delivery for education and health initiatives. While submodels have been discussed by others, we believe that the four basic models noted below serve as a useful framework for viewing the delivery of psychological services in schools.

School-based Services. School-based services are typically provided on school grounds, by school district employees,

and are paid for by school funds (local, state, and federal dollars) (Peak & Hauser, 1994). This model represents traditional service delivery. A familiar version of this would be the structure of a typical school psychological services program within a district; an emerging example would be the Family Resource and Youth Service Centers established as a part of the *Kentucky Education Reform Act* (Roth & Constantine, 1995; Shearer & Holschneider, 1995).

School-linked Services. School-linked services are provided on or near school grounds by staff who are not employed by the district and who are paid with non-school funds. Examples of this model are school health clinics such as those established by the Robert Wood Johnson Foundation, the Schools of the Future model in Texas, and the California Healthy Start program.

Community-linked Services. The third model is one rarely discussed in the literature: community-linked services. Services that connect schools and communities in this fashion employ school personnel who are paid with school district funds to deliver services within the community. Examples of this are job placement programs where teachers and students work at business locations to task analyze jobs and coach students for optimal performance, as well as many special education placement programs, such as day-treatment programs that are housed in hospitals.

Community-based Services. Community-based services are community funded (Jason, 1982). They employ staff who report to community entities, who are paid with non-school dollars, and who work at settings other than the schools. Traditional community mental health models fit this paradigm.

Summary of Service Models. While school-based and community-based models are the traditional delivery systems of psychological services, we believe that emerging school-linked and community-linked models offer expanded practice opportunities. With schools removing boundaries that historically have separated them from the community, and as community providers learn the culture, structure, and needs of schools, openings will increase for collaborative, comprehensive services that are delivered based on the needs of the individual and the systems in which that individual functions. With schools looking to address both education and health care reform mandates, psychologists who are open to rethinking service delivery to children and youth will be presented with new challenges and options.

Implications for the Future of Psychological Practice in Schools

To ensure the relevance of psychology in the current school social reform climate, psychologists may need to consider making several major adaptations (Gutkin, in press; Talley & Short, 1994a). As we have written elsewhere, (Short & Talley, in press-a, in press-b), these adaptations address issues of practice setting, services, credentialling, education, which includes training and continuing professional development, and school structure, such as employer, supervision, and financing considerations.

Practice Setting. The most obvious of these adjustments is *practice setting*. School components of recent social reform initiatives identify the complexity of children's problems from a holistic perspective. Treating the whole child requires expanding the service delivery field to include all settings in which the child develops and operates. A psychologist providing such services may need to have a job role that spans settings as he or she negotiates and crosses boundaries.

Services. The second of these changes is the *nature of practice*. Although specific skills and responsibilities may vary widely among school-based and school-related psychologist practitioners, most psychologists are involved in assessing and remediating educational, emotional, and behavioral problems. Such activities typically target individuals or smallgroups. Psychologists in public health care, as well as those implementing some areas of education reform, will be required, instead, to consider populations and prevention. Services to individuals and small groups will yield to efforts targeting broad categories of people who are at risk of exhibiting problems; further, these problems will be defined as systems, social, and public health problems (e.g., violence, substance abuse) rather than as educational and intrapersonal problems.

Credentialling. Credentialling for service provision may be an important change required by school social reforms. Although, school psychologists currently must be certified by state departments of education in order to practice in the schools, most often these professionals are not required to be licensed by state psychology licensing boards *for school practice.* Only the education credential is needed for school psychologists to practice within the schools, whereas delivery of services outside the schools requires state licensure (although not necessarily in psychology). Such a requirement for state licensure would almost surely disenfranchise the majority of school psychologists in the schools from engaging fully in health service provision, particularly for activities thatgenerate outside reimbursement. Conversely, psychologists licensed to provide services outside of schools typically cannot be employed as school psychologists without credentialling as a school psychologist.

At best, credentialling might bifurcate school-related psychological services to children in general, and school

psychology in particular: practitioners credentialed only as school psychologists would be eligible to provide traditional, primarily diagnostic and gate-keeping functions, but not comprehensive health and education services. Practitioners licensed only as psychologists would be able to furnish comprehensive health-related and education services, but could not be employed as school psychologists. Neither group would be able to provide both school-based and community-based services to children and families.

Education and Training/Continuing Professional Development

To accomplish many of these adaptations, fundamental changes in the *education and training* of psychologists may be required (Lehman, 1995). Schools that embrace new comprehensive models of school-related social reform will need psychologists with a wide array of skills -- skills which may diverge from traditional child practitioner training. For example, education and training may need to include changes in several areas, including assessment, interventions, and research. In every case,training must include didactic and experiential experiences in interdisciplinary, interprofessional, and interagency collaboration.

Identity. The possibility of changes in psychologists' training raises a related question about the *identity* of psychological service providers within the context of school-related social reforms (Bardon, 1994; *Definition of the Specialty of School Psychology, draft, 1*994). Schools obviously are the primary setting for school health initiatives, but education and health problems and their solutions are now conceptualized more broadly as community issues. What is needed are psychologist practitioners who are identified with fluid care across school settings and other community settings in the service of children and families. Psychology for children and families may need to reframe itself in broader terms while maintaining its ties with schools and education to include school-based, school-linked, community-linked, and community-based identities. One promising model for such an identity is public health psychology (Tanabe, 1982; Stokols, 1992), which incorporates psychology's role in prevention and community health initiatives (Talley, Short, & Kolbe, 1995).

School Structure: Issues of Employer, Supervision, and Reimbursement

In reformed schools, a core of school psychological service providers will be needed to anchor psychological service delivery within the system and to serve in leadership and coordinating roles. However, future practice models may include psychologists of varying specialties as members of the core. In addition, some psychologists may serve as "adjunct" team members providing specialized skills in specific areas, much as adjunct professors do at the university level. For example, the Memphis City Schools Mental Health Center employs school, counseling, and clinical psychologists as Ph.D.-level staff serving in supervisory roles. Other models of the future may include sports psychologists working in schools with athletes and athletic teams, educational psychologists consulting on curricula, health psychologists collaborating with the school district's health team, and community psychologists advising on broad-based community prevention and early intervention strategies, just to name a few of the myriad possibilities. Issues to be resolved include the employment arrangement (employee-employer or consulting, full-time or part-time), appropriate administrative and clinical supervision, and reimbursement strategies.

Summary

The confluence of education reform and health care reform, combined with the services integration movement, offers promise for our nation's schools. It is vital that psychologists and the rich scientific knowledge base of psychology be intimately involved in these changes. New models of service delivery will need to build on existing models, creating new structures to address the complex needs of children and youth. Psychology's challenge will be to help develop, implement, and evaluate these emerging models, and to ensure that all students have access to psychological services in the schools.

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